

## GIC Health Plan Rates

Monthly Rates as of July 1, 2008

**FOR MOHAWK TRAIL  
REGIONAL SCHOOL  
DISTRICT ENROLLEES**



**Active Employees, Survivors, and Retirees *WITHOUT* MEDICARE**

*Includes 0.75% Administrative Fee*



	Employee and Non-Medicare Retiree/Survivor Pays Monthly %	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	21%	\$ 83.47	\$200.32
Fallon Community Health Plan Select Care	21%	99.05	237.73
Harvard Pilgrim Independence Plan	28%	143.79	347.91
Health New England	21%	89.68	222.33
Navigator by Tufts Health Plan	28%	136.14	328.58
NHP Care ( <i>Neighborhood Health Plan</i> )	21%	88.57	234.70
UniCare State Indemnity Plan/Basic <i>with</i> CIC ( <i>Comprehensive</i> )	40%	301.30	703.43
UniCare State Indemnity Plan/Basic <i>without</i> CIC ( <i>Non-Comprehensive</i> )	40%	287.40	671.19
UniCare State Indemnity Plan/ Community Choice	28%	115.06	276.15
UniCare State Indemnity Plan/PLUS	28%	146.10	348.67

**Retirees and Survivors *WITH* MEDICARE**

	Retiree and Survivor Retiree/Survivor Pays Monthly Per Person	
HEALTH PLAN	%	\$
Fallon Senior Plan*	40%	\$ 79.94
Harvard Pilgrim Medicare Enhance	40%	142.38
Health New England MedPlus	40%	142.96
Tufts Health Plan Medicare Complement	40%	130.08
Tufts Health Plan Medicare Preferred*	40%	67.30
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with</i> CIC ( <i>Comprehensive</i> )	40%	142.09
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without</i> CIC ( <i>Non-Comprehensive</i> )	40%	137.86

\* Rates are subject to federal approval and may change January 1, 2009.

*Rates are Calculated by the Mohawk Trail Regional School District Benefits Office.*

**Rate questions? Call: Gina Henry – Benefits Administrator 1.413.625.0192, Ext. 19**